

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 2		
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.										
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.										
1. CONTRACT/PURCH ORDER NO. SP0740-00-D-9729			2. DELIVERY ORDER NO. 2606		3. DATE OF ORDER (YYMMDD) 2002 AUG 20		4. REQUISITION/PURCH REQUEST NO. YPC02232000612		5. PRIORITY	
6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS 3990 E. BROAD STREET P.O. BOX 16704 COLUMBUS, OH 43216-5010			CODE SP0700		7. ADMINISTERED BY (If other than 6) SC0700 DEFENSE SUPPLY CENTER COLUM DSCC-ABB07 614-692-4617 FAX 1678 BOX 16704 (TRANS 614-692-2175) COLUMBUS OHIO 43215-5010			CODE SP0700		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)
9. CONTRACTOR EATON AEROQUIP INC ENGINEERED SYSTEMS DIV 300 S EAST AVE JACKSON MI 49203-1972			CODE 00624		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
NAME AND ADDRESS							12. DISCOUNT TERMS I/A/W/ BASIC CONTRACT		13. MAIL INVOICES TO SEE BLOCK 15	
14. SHIP TO DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM			CODE		15. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER (DFAS) ATTN: DFAS CO BVD 3990 E BROAD ST COLUMBUS, OH 43218-6203			CODE S33181 MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER		
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.										
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ If this box is marked, supplier must sign Acceptance and return the following number of copies:										
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CC0 001 26.0 S33150										
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		
	Remarks: Terms and conditions are in accordance with Basic Contract. Vendor's copy was sent EDI. Do not duplicate shipment.									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA BY: POPS Auto Award			25. TOTAL \$ 6359.64		
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____					27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	28. D.O. VOUCHER NO.		29. DIFFERENCE		
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY		30. INITIALS		
37. RECEIVED AT	38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		

CONTINUATION SHEET

Order Number:

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SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code LBT

P/N AE712936-3 Manufacturer's CAGE - 00624

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7201	PR YPC02232000612	84	EA	75.71	6359.64
	NSN 4720-01-472-6032				

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: DEST
ACCEPTANCE POINT: DEST

DELIVERY FOB: DESTINATION BY: 2003 JAN 17

PARCEL POST ADDRESS:

XU TRANSPORTATION OFFICER
DDSP NEW CUMBERLAND FACILITY
BUILDING MISSION DOOR 113 134
NEW CUMBERLAND, PA 17070-5001

FREIGHT ADDRESS:

W25G1U
TRANSPORTATION OFFICER
DDSP NEW CUMBERLAND FACILITY
BUILDING MISSION DOOR 113-134
NEW CUMBERLAND, PA 17070-5001

M/F: (TCN) STOCK BUY RQMT
RDD: 08-dec-02 PROJ: CI1

FOR GOVERNMENT USE ONLY:
END OF AWARD